

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002188

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 3

STATE FILE NUMBER

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON TWP. MARTIN CITY</b>		c. CITY OR TOWN <b>MARTIN CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WHEELER ROAD</b>		d. STREET ADDRESS (If outside, give location) <b>WHEELER ROAD</b>	

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>EDWARD</b> Last <b>PAGE</b>			4. DATE OF DEATH Month <b>FEBRUARY</b> Day <b>3</b> Year <b>1962</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/19/89</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONTRACTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CEMENT</b>		11. BIRTHPLACE (City and state or country) <b>GILLIAM, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>		13a. FATHER'S NAME <b>SAMUEL PAGE</b>		13b. MOTHER'S MAIDEN NAME <b>LUCY JANE NEFF</b>	
14. NAME OF HUSBAND OR WIFE <b>MRS. BRIDGET B. PAGE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> unknown) <b>WORLD WAR II</b>		17. INFORMANT <b>BRIDGET B. PAGE</b>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Influenza</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Feb 1 - '62 to Feb 3 - 62 and last saw him alive on Feb 1, 1962  
Death occurred at 7:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ada B. Rader</u> (Degree or title)		22b. ADDRESS <u>13414 Locust, Martin City, Mo.</u>		22c. DATE SIGNED <u>2-3-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB. 7, 1962</b>	23c. NAME OF CEMETERY OF DEATH <b>MT. MORIAH CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>2-7-62</b>		26. REGISTRAR'S SIGNATURE <u>Sterling E. Goodard</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 14 1962

FEB 15 1962

APR 6 1962

APR 5 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Basil J. Hance*

Licensed Embalmer No. 4524

P. O. Address 702 W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.